

Director's Office
PO Box 110017
Juneau, Alaska 99811-0017
Phone: 907-465-4611
Fax: 907-465-3203



STATE OF ALASKA
Division of Elections
Office of the Lieutenant Governor

For Office Use Only
Date received in Director's Office:

Complaint #

ADMINISTRATIVE COMPLAINT FORM

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This form may be used by any person alleging a violation of Title III of the Help America Vote Act of 2002, 42 U.S.C. § 15481-15485 that has occurred, is occurring, or is about to occur.

PLEASE CLEARLY PRINT OR TYPE ALL INFORMATION

Complainant (person alleging violation of Title III)

Name of Complainant: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____ Fax Number: _____

E-mail Address: _____

Respondent(s) (person(s) alleged in claim to have committed violation of Title III)

Name of Respondent: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____ Fax Number: _____

E-mail Address: _____

Community name and precinct location of alleged violation(s): _____

Polling place location of alleged violation(s): _____

Date(s) of alleged violation(s): _____

Please explain the basis for your complaint, including each provision of 42 U.S.C. § 15481-15485 in which a violation is being alleged. Include names and addresses of any witnesses to alleged violation(s). Please attach separate sheet(s).

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State in your own words the detailed facts that form the basis of your complaint, including names of any relevant person(s). In your narrative explanation, please include specific dates, times, as well as any reasons you believe the alleged violation(s) were knowingly committed by the person(s) against whom this complaint is brought. Please attach separate sheet(s).

Would you like to request a hearing on the record? ☐ Yes ☐ No

I have mailed or delivered a copy to named respondent(s) in complaint: ☐ Yes ☐ No

OR
I request the Director of Elections to mail or deliver a copy to each named respondent in complaint:

☐ Yes ☐ No

State of Alaska

City: _____

I, the undersigned, under penalty of perjury, do swear or affirm that the information contained in this complaint is true and correct to the best of my knowledge:

Printed Name of Complainant

Signature of Complainant

SUBSCRIBED AND SWORN TO before me on this ____ day of _____, 20____.

Notary Public in and for the

NOTARY SEAL

My commission expires: _____

Mail the original signed and notarized Administrative Complaint to:
Director
Division of Elections
PO Box 110017
Juneau, Alaska 99811-0017

NOTICE: This complaint is not confidential, and once filed with the Director's Office, shall be treated as public record.